

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>FLOYD MEMORIAL HOSPITAL AND HEALTH SERVICE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1850 STATE ST NEW ALBANY, IN 47150</b>		
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S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of a State complaint.</p> <p>Complaint #IN00160935 Substantiated: State deficiency related to the allegations is cited.</p> <p>Survey date: 5/27/15</p> <p>Facility # 005040</p> <p>QA: cjl 06/10/15</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is:</p> <p>(B) responsible for the following:</p> <p>(i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital.</p> <p>(ii) Maintaining a current nursing service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff</p>	S 912		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the nurse executive failed to ensure that established policy &amp; procedure (P&amp;P) for Skin and Risk Assessments, Protocols &amp; Support was followed for 4 of 4 patients (P1, P2, P3, and P4).</p> <p>Findings:</p> <p>1. Review of the policy &amp; procedure titled Skin and Risk Assessments/Protocols/Support indicated the following: I. Skin assessment...should be on-going and documentation of that assessment should be noted in the electronic medical record... II. The Skin at Risk Protocol will be initiated for any patient with a Braden Scale score of 18 or less... The protocol for incontinence/Protocol Incontinence, indicated to Avoid use of CHUX or briefs - consider use of Ultrasorb Pads and the following for intact skin: 1. At first sign of incontinence: Cleanse skin with incontinence cleanser or baby wipes. 2. Apply moisture barrier 3. Reapply BID (2x per day) and after each incontinent episode. The Skin at Risk Protocol indicated: Offer toileting every 2 hours, If incontinent - implement incontinence protocol,</p>	S 912		

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S 912	<p>Continued From page 2</p> <p>protect skin from urine and feces. The P&amp;P was last revised 3/13/15.</p> <p>2. Review of 4 medical records, P1 - P4, indicated the following:</p> <p>a) P1's MR indicated the patient was an 82 year old admitted 5/24/15 with a complaint of urinary tract infection and pneumonia. The Admission Assessment Report indicated the patient to be incontinent of urine and to have broken skin integument with a Braden score of 13. The Daily Focus Assessment indicated the patient wearing a diaper. The MR lacked documentation of incontinent protocol or skin at risk protocol per facility policy &amp; procedure (P&amp;P).</p> <p>b) P2's MR indicated the patient was an 84 year old admitted 5/20/15 with diagnosis of L1 compression fracture. The history and physical indicated the fracture was related to a recent fall. The Admission Assessment Report indicated the patient was allowed bathroom privileges with high fall risk protocol, was incontinent of urine and was to use a diaper and urinal, had skin tears to upper and lower right arm with a Braden score of 19. The MR lacked documentation of Incontinence Protocol per P&amp;P.</p> <p>c) P3's MR indicated the patient was a 77 year old admitted with diagnoses including, but not limited to acute respiratory failure, pneumonia, and hypertension on 1/4/15 and discharged 1/14/15. The Admission Assessment Report indicated the patient was to be turned every 2 hours and have hourly rounds. The MR lacked documentation of Hourly Rounding done hourly.</p> <p>d) P4's MR indicated the patient was an 85 year old admitted 12/5/14 through 12/10/14 with diagnoses including, but not limited to urinary tract infection. The Admission Assessment Report indicated the patient was incontinent of bladder and bowel. Daily Focus Assessments</p>	S 912		

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S 912	<p>Continued From page 3</p> <p>indicated the patient to be wearing a diaper. The Daily Focus Assessment Report dated 12/6/14 indicated the patient's Braden score to be 11/23. The MR lacked documentation of perineal cleansing after each incontinent episode. The MR lacked documentation of Skin at Risk Protocol per facility P&amp;P.</p> <p>3. On 5/27/15 at 3:00 pm A3, Director of Quality, indicated offering patient toileting is indicated in the MR by time documentation on the Hourly Rounding Logs in conjunction with the Daily Focus Assessment Inquiry Logs.</p> <p>4. On 5/27/15 at 3:00 pm S3, Information Technologist/Registered Nurse (RN), confirmed that documentation of offering patient toileting is indicated in the MR by time notations on the Hourly Rounding Logs and/or in the Daily Focus Assessment Inquiry Logs as stated by A3. At 4:45 pm, S3 indicated he/she was unable to account for the hour plus voids in Hourly Rounding times and Daily Focus Assessment times.</p> <p>5. On 5/27/15 A1, Chief Nursing Officer, indicated the facility did not have a P&amp;P for Hourly Rounding, but noted this was the expected process. A1 acknowledged the lapses as indicated.</p>	S 912		